



**Hongwanji Mission School
2012 East Coast Study Tour
Credit Card Authorization Form**

725 Kapiolani Blvd., Suite 301
Honolulu, HI 96813
Phone: (808) 949-4144
Fax: (808) 944-9996
info@seawindtours.com

Seawind Tours & Travel, Inc. will accept credit card payments for deposits
Credit Card deposits will be subject to Convenience Fee.

I, _____, hereby authorize Seawind Tours & Travel, Inc. to charge my credit card as indicated below:

() Visa () MasterCard () American Express Card Holder Name: _____

Credit Card Number: _____ Expiration Date: _____ / _____

Security Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone: () _____ - _____

Cardholder's Signature _____

Date _____ / _____ / _____

Traveler's Name

Traveler's Name

Traveler's Name

Traveler's Name

TOTAL TRAVELERS: _____

Please indicate below by selecting the deposits you would like charged to your credit card. (NOTE: Your card will be charged on the days indicated below.)

	September 13, 2011	\$500.00
	October 11, 2011	\$500.00
	November 8, 2011	\$500.00
	December 13, 2011	\$500.00

	January 10, 2012	\$500.00
	February 14, 2012	\$500.00
	March 13, 2012	Balance Due

****Please fax completed forms to Seawind Tours & Travel, Inc. at 944-9996
or email to info@seawindtours.com****